

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

## **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$2,630.00 for date of service, 11/29/01.
- b. The request was received on 06/25/02.

## **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFA(s)
  - c. EOB/TWCC 62 forms/Medical Audit summary
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. Response to a Request for Dispute Resolution
  - b. HCFA(s)
  - c. Medical Audit summary/EOB/TWCC 62 form
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/31/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 08/01/02. The response from the insurance carrier was received in the Division on 08/14/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information submitted by the Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: Letter undated

“22830-80 is not global according to the 1996 MFG, which was adopted from the 1994 GSD book. 22830 was intended to be reported separately when performed in addition to other spinal procedures. 22830 requires a significant amount of work. Since the 1996 MFG is the primary resource for medical billing both 22830-80 and 15734-80 should be reimbursed.”

2. Respondent: Letter dated August 14, 2002

“It is the carrier’s position that the charges for both CPT Code 22830-80 and CPT Code 15734-80 should be included in the global fee for the primary procedure, i.e., laminectomies and from L2 through L5-S1 and anterior arthrodesis of the spine at L3-4 and L5-SI. In addition, CPT Code 15734-80 is not adequately documented in the operative report to support that this procedure was actually performed. It is the carrier’s position that for these procedures [sic] is not warranted and requests that an order be entered finding that no additional reimbursement is due.”

### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/29/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$5,500.00 for services rendered on the date of service in dispute above.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the date of service in dispute above and denied any additional reimbursement as “G – Unbundling/Reimbursement based on or included in the basic allowance of the appropriate procedure.”
5. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$2,630.00 for services rendered on the date of service in dispute above.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/29/01 11/29/01	22830 15734	\$3,500.00 \$2,000.00	\$0.00 \$0.00	G G	\$3,338.00 \$1,922.00	1994 Global Service Data for Orthopaedic Surgery (GSDOS); MFG; SGR; CPT Descriptor	The Carrier has denied this service as "G – Unbundling/Reimbursement based on or included in the basic allowance of the appropriate procedure ." The Requestor's primary procedure is CPT Code 63047. Pursuant to the GSDOS, these services in dispute are not global to the primary procedure billed. Therefore, reimbursement in the amount of <b>\$2,630.00</b> is recommended.
<b>Totals</b>		\$5,500.00	\$0.00				The Requestor is entitled to reimbursement in the amount of <b>\$2,630.00</b> .

The above Findings and Decision are hereby issued this 20th day of November 2002.

Denise Terry  
Medical Dispute Resolution Officer  
Medical Review Division

DT/dt

## VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$2,630.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 20<sup>th</sup> day of November 2002.

Carolyn Ollar  
Supervisor - Medical Dispute Resolution Officer  
Medical Review Division

CO/dt